Instructions for completing forms & submitting documentation

Please read carefully through the forms. Forms that are not completed correctly or are incomplete will be sent back and will delay the process. DO NOT FAX. DO NOT EMAIL SCANNED COPIES. ****If you want to be sure that we received your forms, please include a stamped, self-addressed postcard.****

We have received a grant from the Texas Workforce Commission that enables us to offer the MITE program for free to MITE participants. Participants who are US citizens (or permanent residents that are authorized to work in the United States), must submit a copy of their U.S birth certificate. We will not accept copies of your Driver License. Copies of documentation will be kept in our office under lock and key.

Please mail or email copies of your documentation along with the rest of your forms by Tuesday, May 27. You can also drop them off in-person at our office. Our address is listed on the Participation Agreement Form.

ALL PARTICIPANTS MUST COMPLETE THE FOLLOWING FORMS:

Media Release Form
- All blanks on this form must be filled.
- Complete the date.
- The name, signature, and address must be the name, signature, and address of the MITE participant.
- One parent must sign under “SIGNATURE OF PARENT OR GUARDIAN”.
- The witness signature must be signed and dated from someone 18 years of age or older. It cannot be from the same person that signed under “signature of parent”. A neighbor, friend, relative, sibling, or other parent may sign as the witness. It does NOT have to be signed by a notary.
- All signatures must be in ink.

Consent for Treatment/Immunizations of a Minor Form (HEALTH FORM)
- Complete the top section (Name, Date of Birth, Address, Phone)
  * If you have a UTEID, please fill in the blank next to “UTEID”. If you do not have a UTEID, please visit http://tinyurl.com/uteid-mite to obtain one.
- A parent/guardian must sign the box in the middle of this form that states “I have received a copy of University Health Services Notice of Privacy Practices as required by HIPAA Privacy Rules”. The privacy practices form is available at the MITE website for you to download and read at: http://www.engr.utexas.edu/eoe/precollege/mite/apply
- Under “Medical Information related to Minor” please list any allergies, medications, or important medical history information of the MITE participant. If you do not know the date of your last Tetanus Booster write “N/A”.
- Do NOT include supporting documentation of immunizations received.
- Please note that there are two blanks that require the parent signature on this form. Both blanks must be filled in order to provide any type of health care by University Health Services.
- To request accommodations based on a disability, please contact the MITE coordinator at 512-471-5953 as soon as possible.
- All signatures must be in ink.

Participant Agreement Form
- The MITE participant and one parent/guardian must read, sign, and date.
- All signatures must be in ink.

Release and Indemnification Form
- Please complete the name and address of the participant at the top.
- A parent must sign at the bottom.
- The witness signature must be signed and dated from someone 18 years of age or older. It cannot be from the same person that signed under “Signature of Parent/Guardian”. A neighbor, friend, relative, sibling, or other parent may sign as the witness. It does NOT have to be signed by a notary.
- All signatures must be in ink.
CHECKLIST!

- Media Release Form
- Consent for Treatment/Immunizations of a Minor Form (HEALTH FORM) with UTEID
- Participant Agreement Form
- Release and Indemnification Form
- Copy of U.S. Birth Certificate or Passport